

ANNUAL REPORT
of the

**AUSTRALIAN
MEDICAL ASSOCIATION,
TASMANIA, LTD.**

31 December 2020



AMA
TASMANIA



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PRESIDENT

This is my first annual report as the AMA Tasmania President. I took up this position on 30 June 2020 at last year's AGM.

When I accepted the appointment, I commented on the vital role that AMA Tasmania provides in serving medical practitioners' professional needs throughout the state and ensuring that the interests of patients and the community's healthcare are protected.

I made the statement that the AMA is about advocacy and support - advocacy to achieve excellent and sustainable health outcomes for our patients and the community, and support for doctors so they can do their job effectively and with confidence that the resources needed for clinical and preventative care are available.

Tasmanians deserve high quality, accessible public health services, and political parties must support long-term strategies that focus on this outcome. Healthcare staff must be supported in delivering frontline care, and as an AMA, we need to continue to work hand in hand with the state government and Department of Health on building strategies for our public hospitals and community health services.

While enduring a worldwide COVID-19 pandemic, a cohesive and comprehensive health plan is essential for our state that encompasses the acute and primary health sectors, firmly placing GPs at the centre of patient care. The only way we will be able to manage increasing demand on our hospitals is to do more in the preventative health space to help Tasmanians not become ill with chronic diseases and provide more care for patients in the community.

The past year has been quite hectic, with several issues taking a lot of my time. Media involvement has been significant on a variety of topics but predominantly on COVID. I must thank the rest of the board and other AMA members for assisting me in this regard. I have been very impressed with the amount of support I have been provided with. Although I am willing to take on the bulk of the media, it is great to get expert involvement in areas that I am less familiar with, and I would like to particularly thank our GP members for taking on a significant amount of this load. I believe that it adds to the AMA's credibility and the information provided to have the individuals with the in-depth working knowledge involved. I have also received a significant amount of assistance from our members within the THS when commenting on issues such as waiting lists, access block problems and other similar issues. Sometimes this support has been by individuals being directly interviewed and in other cases by providing me with background briefing so that I was in an excellent position to be able to respond to the queries.

Another issue that has taken a considerable amount of my time has been the Voluntary Assisted Dying Bill, and once again, I thank Drs Annette Barrett,

Don Rose, and Helen Lord for the support they have provided me with. This was never going to be an easy process with our members divided on the issue. Some of our members, particularly GPs, have been very supportive of the draft Bill because of the fact that they believe it will give their patients choice and give the GPs another mechanism for supporting patients who are unable to be managed with good palliative care. On the other hand, a number of our members, particularly non-GP specialists but also some GPs, have been quite strongly opposed to the Bill due to concerns around the safeguards that could be provided and believe that there is the potential for abuse with vulnerable patients. This makes the whole topic very difficult, both from a personal as well as AMA perspective, with trying to walk a fine line not to alienate different groups of the profession. During the periods of debate both in the Legislative Council and in the Legislative Assembly, we have worked closely with the politicians to ensure amendments were incorporated, which have strengthened the safety of the legislation both for patients and doctors. As you are all aware, the legislation has now been passed; our efforts must now go into working with the government to ensure that robust regulations are developed, supporting the safety of the legislation. The focus now must be on ensuring that the implementation is careful and addresses all the concerns that have been raised. As I mentioned at the Northern Division meeting recently, I will rely on assistance from a number of AMA members, particularly GP members, as they are at the forefront of managing this group of patients.

Other issues that we have been tackling this year have included climate change as a health emergency, and we worked with several members to develop a media release to support action; and once again, I must thank Drs Clare Smith and Jenny Misson for their support in this process. We are now working with TUMSS and AMSA to develop an opinion piece for The Mercury to continue with our efforts to encourage the government to address this urgent issue.

Our AMA Tasmania CEO Lara Giddings and I, along with other AMA members, have also been involved in lobbying on a number of different pieces of draft legislation, which have included the anti-protest laws, which did not get passed, the T21 legislation, which unfortunately also did not get passed and legislation on sex assignment surgery which is still to be debated. I am learning a lot about many areas that I did not have a great deal of knowledge of previously.

Lara and I have also continued to meet regularly with both the Secretary and the Minister for Health to discuss concerns that members have raised in relation to health and mental health. I have been very impressed with the reception that we have received from the Secretary and Minister they seem

to be very keen to address concerns as they are raised. Most of the issues discussed relate to the matters I highlighted in my opening paragraphs.

One of my focuses this year has been to improve collaboration with the Northern and North West Divisions, and to assist with this, Lara and I have travelled twice to these areas to meet with members. I am pleased to say that the NW Division has been reinvigorated after many years of not meeting due primarily to Mr Scott Fletcher, VP AMA Tasmania, and Dr Katja Lindemann efforts with Nadine Cove's support.

None of what I have undertaken could have been done without the support and outstanding work of our CEO Lara Giddings, our Communications and Media expert Nadine Cove, along with Jacqui Quinn and Sharon Stevenson, who ably provide membership, finance, and executive support at AMA House. The expertise of Board members Mr Scott Fletcher, Drs John Saul, Jenny Misson, Annette Barratt and Glenn Richardson, State Council Chair, and the Tasmanian State Councillors have ensured effective policy development and membership representation.

Dr Helen McArdle
PRESIDENT

CEO

What a year 2020 turned out to be. The COVID-19 pandemic has changed all our lives, from the way we deliver services to how we use technology to communicate with each other. It has also shown how important an advocacy and representative organisation for doctors is when governments are trying to manage a pandemic crisis.



At the height of the pandemic's initial stages, the President and I were in daily contact with government officials, ministers, and their ministerial staff. The President spoke directly to the Premier, urging action be taken to stop cruise ships from visiting our ports, for schools to be closed to limit community transmission of the virus during the lockdown and for borders to be shut.

We advocated for stronger PPE for our frontline workers and telehealth for our GPs. We insisted on fit testing of masks and provided evidence of the failure of relying on fit checking alone. We helped GPs access N95 mask supplies when access was difficult across the world, and we offered avenues for doctors to stay connected with each other by introducing our weekly Fireside Chat sessions over ZOOM.

Importantly, we were a strong voice for our North West clinicians during the review of the outbreak of COVID-19 at the NWRH, spending some hours with the review panel, chaired by Greg Mellick, and seeing several of our recommendations picked up in their final report.

Our membership services never stopped, with staff working from home during the worst of the crisis. Like many organisations, we showed that a flexible work environment could benefit the worker and not harm the association.

While COVID meant Board, State Council, Division, and some government meetings had to be held virtually, work progressed throughout the year on the issues that do not go away just because there is a pandemic. We have advocated on behalf of our

emergency department, medicine, and surgical Departments; we've advocated for DIT's rights to be paid for reasonable overtime; we've advocated for adult and child mental health services and drug and alcohol services. We've helped doctors with their contracts and with individual support and advice at critical times.

All of this has been made possible because of the support I have received from Presidents Drs John Burgess and Helen McArdle and, most importantly, from Nadine Cove, Jacqui Quinn, Sharon Stevenson, and Stuart Miller - the team behind AMA Tasmania.

Financial results

AMA Tasmania's financial position is strong as we come to the end of 2020 with a surplus of almost \$70,000. There are three main reasons for such a strong performance. Firstly, AMA Federal agreed to pay the entire \$40,000 in grant monies to AMA Tasmania after clawing back GST payments in the previous year. Secondly, membership subscriptions increased by almost \$10,000 and, thirdly, the federal government provided \$30,000 in COVID financial assistance. Alongside the improvement in income, it has also created savings through less interstate travel due to COVID restrictions and budgeting that reflects the organisation's real expenditure needs.

Our upfront investment in solar energy at the cost of \$9350 is expected to save AMA Tasmania on a recurrent basis around \$2880 per annum. Our annual bill has been around \$6230. This equates to a 46% saving.

Membership growth

Membership numbers fluctuate throughout the year; however, a comparison of members from December 2019 against December 2020 show that we increased membership by around 2.7 per cent. While positive, we need to grow the organisation more to ensure our sustainability and to be able to provide improved services to our members. We are working on improving our membership benefits and offers to make it financially more attractive to sign on to the AMA.

Strategic plan

The Board developed a strategic plan in 2019. With a mission statement to provide support and advocacy for Tasmanian doctors to optimise Tasmanians' health outcomes and a vision to be the peak support and advisory body representing registered medical practitioners in Tasmania.

Four key areas were identified for attention: medical workforce advocacy, Tasmanian health system advocacy, membership support, and AMA House support.

Medical workforce and Tasmanian health system advocacy

Meetings were held with the Premier, Minister for Health and the Secretary for Health. With COVID limiting meeting opportunities and with difficulty getting into the Minister for Mental Health's diary, we were unsuccessful in securing a formal meeting with Minister Rockliff in 2020. However, we sort other avenues to work with the government on issues facing adult and child mental health services as well as drug and alcohol services.

Having advocated strongly for reform of the Tasmanian health system governance, we were very pleased to see changes implemented in early 2020 that have brought accountability back to the Minister and the Secretary on issues relating to our hospital services, particularly on issues like ambulance ramping, bed block, elective surgery waiting list etc. which continue to be a problem.

AMA Tasmania has also advocated with parliamentarians urging support for the T21 Tobacco Bill restricting the sale of tobacco products to those over the age of 21, opposing the Anti-Protest Bill and trying to protect doctors and patients through debate on the Voluntary Assisted Dying Bill.

We have participated in many government consultation processes and put forward our views on what is needed to be funded in the budget that was delivered late last year. Added to all this, we also delivered increases in doctors' salaries under the Salaried Medical Practitioners, Visiting Medical Practitioners and Rural Medical Practitioners Enterprise Agreements.

Membership support

We have continued to provide support and advisory services to members and have also provided opportunities to meet around topics of interest throughout the year using digital meeting forums. These fireside chats were weekly through the worst of the COVID pandemic, became fortnightly as members ceased requiring such frequent meeting space and are now every couple of months. Topics covered, for example, have included COVID, doctor's employment rights and responsibilities within the public sector, APHRA and investigations into complaints against doctors and medicinal cannabis.

Regular communication with members is achieved through Tas Talks, direct emails, Facebook, forums, and monthly division meetings. Visits to practices, hospitals and the Medical School have also been undertaken during the year to meet with general practitioners, hospital-based doctors, and students within their environment to hear their concerns.

Support for AMA House

AMA House is starting to look a little different. Renovations began in 2020 with some painting and new blinds refreshing the look of the office. More is to be done in 2021 to make our home a more inviting place to hold meetings and encourage our members to visit.

In conclusion, 2020 was a successful year for AMA Tasmania, even with the overlay of COVID. Thank you to our Presidents, John Burgess and Helen McArdle, for the countless hours you put into supporting your colleagues and our members. Thank you also to Jacqui, Nadine, and Sharon for helping to provide the best service we can for you.

Lara Giddings
CEO

How pharmacists have managed to achieve this is quite a mystery.

- + Dramatic and poorly communicated opiate prescribing changes were hastily implemented, catching doctors and software providers and PBS hotline staff off guard. This was driven from the top [Minister Hunt] down on the background of 1100 prescribed opioid-induced deaths a year and 30% of prescribed narcotics being diverted to IV drug use. Onerous wording, mandatory twelve-month reviews and scripts refused for minor wording errors had doctors up in arms. An AMA representation to the PBAC was met with a blunt response - "doctors are to make sure they keep themselves up to date with PBS changes".
- + E-referrals to the LGH commenced initially in the renal clinic. The great advantage is receipt confirmation and triage. We are hoping to expand this to all sections of the hospital.
- + The chairman is on a Northern Development committee as the AMA representative who is actively supporting the co-location of a new Calvary Hospital build collocated with the LGH. This has dragged on for some two and half years in the Coordinator General's department and caught up in Crown Law. There is no indication of why such a delay from Calvary, and we note that a new hospital in Newtown was approved inside 18 months. In addition, any collocation has an impact on the LGH masterplan going ahead. There are many benefits to the health community broadly of collocated facilities.
- + GPs find the COMRRS unit a valuable resource but were a little annoyed that some southern based specialists were muscled in, plus microbiology was positioning to oversee antibiotic stewardship.
- + On 1 August 2020, Minister Hunt demonstrated just how well he values general practice by near halving the rebate for the recording and reading of an ECG. This has made ECGs uneconomic to perform and illustrated how the MBS Medicare review taskforce has a mandate to straight out save the PBS money. This was very low hanging fruit and similar to the loss of the joint injection rebate. In March 2021, the Minister has agreed to set up a committee [with AMA representation] to examine this issue.
- + State Government has proposed urgent care centres in an attempt to reduce the cat 4 and 5 presentations load at the Public Hospital EDs. Members are staggered at the cost - Glenorchy at \$60 million and Mowbray at \$70 million over ten years. This works out to \$145 per patient presentation and seemed to be money going in the wrong place. GPs are already doing after-hours urgent care, know their patients and need much more support. The real issue for the public hospitals is the severe lack of inpatient beds in the face of a grey tsunami of chronic disease. One proposal to come out of this is whether GPs could access public hospital pathology and radiology departments out of hours.
- + Mandatory vaccination of healthcare workers was discussed. Whilst no person needs to be mandatorily vaccinated [yet], a form of "second-line forcing" exists if an unvaccinated worker is prevented from working with vulnerable patients. One member expressed concern that if a doctor suffers a serious adverse vaccine reaction in order to be able to do their job and subsequently cannot work, is this covered by WC? Federal AMA is quietly negotiating a no-fault compensation scheme with the Federal Minister for such instances.
- + COVID vaccination commenced in late February - first with the Pfizer vaccine and more recently the AstraZeneca vaccine in GP surgeries and respiratory clinics. Some teething troubles with vaccine availability, consenting and slow delivery were expectable initially but should iron out as we go along. Vaccine hesitancy/refusal appears to be running around 20-30%.
- + Active ingredient prescribing has caused the expectable issue of patient confusion.
- + Recently announced plans to deregulate cannabis by the Premier will need monitoring.

Dr Glenn Richardson
CHAIR

North West Division

The North West Branch of the AMA Tasmania recommenced our monthly meetings in October 2020 following the COVID-19 very challenging start to the year with fantastic support from AMA President Dr Helen McArdle, Vice President Mr Scott Fletcher, and CEO Lara Giddings.

In the new telehealth era, the North West division formalised our meetings in which I was nominated as Chair and proceeded to conduct them via ZOOM; with the convenience of attending meetings easily from very remote parts of the region, good member engagement resulted.

I want to acknowledge and thank Mr Scott Fletcher's previous efforts of re-establishing a strong connection and building relationships between AMA members of primary and secondary health to overcome the feeling of professional isolation.

At the beginning of the year, the North West region was hit hard by COVID-19, with a rapidly growing outbreak resulting in a quarter of the Burnie population in-home quarantine, closure of the North West Regional Hospital and Private Hospital as well as reduced operating hours for the Mersey Community Hospital Emergency Department.

Persistent advocacy for its members enabled the push for an independent inquiry of the outbreak, which was an essential part of membership wellbeing support especially given the stresses experienced by the effects of the public interest at the time.

In the following months, unprecedented times required flexibility and creativity of new ways of practice.

Advocacy to reinforce and broaden MBS rebates for telehealth medicine has been crucial for North West members.

The other main areas of discussion included:

- Mersey Hospital Emergency Department operating hours due to staffing issues
- North West Regional Hospital numbers of locums and challenges for staff retention impacting training opportunities.



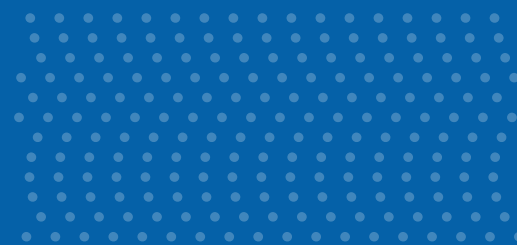
- Challenges for primary health navigating the increased demand for mental health services with the lack of services available. Ongoing discussion around the Tasmanian mental health reform.
- Issues around patient safety due to non-corresponding medical record systems between primary and secondary health.
- Ongoing challenges in managing COVID-19 matters: Contact tracing, Hotel quarantine, PPE supplies in the North West, Repatriation flights, vaccination rollout.

Regular monthly ZOOM meetings of the North West Division will continue in 2021, with some Face-to-face meetings planned, a welcome event for new Doctors in Training at the North West Regional Hospital, and social get-togethers where possible.

I want to acknowledge and thank Nadine Cove for her tremendous engagement and support to the North West Division in addition to her appointed tasks for the Southern Division. It has been absolutely fabulous and likely has been the reason for the very successful re-commencement of the North West Divisions activities.

Dr Katja Lindemann
CHAIR

Directors



Your Directors submit the financial accounts of the company for the twelve months ended 31 December, 2020.

Directors

The names of the Directors holding office at any time during or since the end of the year are:

Name	Special responsibilities	Dates
Dr J Burgess	President	Appointed 9th April 2019
Dr H McArdle	President	Appointed 30th June 2020
Dr J Davis	Vice President	Appointed 9th April 2019
Mr S Fletcher	Vice President	Appointed 30th June 2020
Mr S Fletcher	Honorary Medical Secretary	Appointed 9th April 2019
Dr J Saul	Honorary Medical Secretary	Appointed 30th June 2020
Dr A Douglas	Honorary Treasurer	Appointed 10th May 2018
Dr J Misson	Honorary Treasurer	Appointed 30th June 2020
Dr H McArdle	Federal Area Representative	Appointed 23rd February 2013
Dr A Barratt	Federal Area Representative	Appointed 30th June 2020
Dr A Barratt	Chair of Council	Appointed 10th May 2018
Dr G Richardson	Chair of Council	Appointed 30th June 2020
Ms Lara Giddings	Company Secretary	Appointed 13th March 2019

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Members' guarantee

The Directors are also members of the company.

Being a company limited by guarantee as at the date of this report, the liability of the members is limited by its Memorandum to an amount not exceeding \$100.00 per member.

At the date of this report the number of financial members was 636 financial members in 2020.

Company Secretary

Ms L Giddings held the position of company secretary at the end of the financial year and has been performing this task since her appointment on 13 March 2019.

Principal activities

The principal activities of the company during the year were to act as a branch of the Australian Medical Association and promote medical and allied services. There has been no significant change in the nature of these activities during the year.



Significant changes in the state of affairs

There were no significant changes in the state of affairs of the company during the year.

After balance date events

There are no matters or circumstances that have arisen since the end of the financial year that have significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company, in future years.

Future developments

The Directors expect no significant changes to the operations of the company in the immediately succeeding financial periods.

Environmental issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Information on Directors

The information on Directors is as follows:

Name	Qualifications
Dr J Burgess	MBBS
Dr Davis	MBBS
Mr S Fletcher	MBBS
Dr H McArdle	MBBS
Dr A Douglas	MBBS
Dr A Barratt	MBBS
Dr J Saul	MBBS
Dr J Misson	MBBS
Dr G Richardson	MBBS

Directors' meetings

Details of Directors' meetings held and attended were as follows:

Director	Eligible to attend	Attended	
Dr J Burgess	3	3	
Dr J Davis	3	1	
Mr S Fletcher	7	7	
Dr H McArdle	7	7	
Dr A Douglas	3	3	
Dr A Barratt	7	6	Ex-Officio
Dr J Saul	4	4	
Dr J Misson	4	4	
Dr G Richardson	3	3	Ex-Officio
Ms L Giddings CEO	7	7	Ex-Officio

Directors' interests in shares of the company

The Directors are also members of the company.

Being a company limited by guarantee as at the date of this report, the liability of the members is limited by its Memorandum to an amount not exceeding \$ 100.00 per member.

Options

No options were granted nor shares issued as a result of the exercise of options during the financial year or since the end of the financial year. No unissued shares are subject to options at the date of this report.

Reviewers Independence Declaration

A copy of the reviewers independence declaration as required under section 307C of the Corporations Act 2001 is included in the financial report.

Indemnifying Officers or Auditor

The company has not, during or since the financial

year, in respect of any person who is or has been an officer or auditor of the company or a related body corporate:

- + indemnified or made any relevant agreement for indemnifying against a liability, including costs and expenses in successfully defending legal proceedings; or
- + paid or agreed to pay a premium in respect of a contract insuring against a liability for the costs or expenses to defend legal proceedings.

Proceedings on behalf of company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not part of any such proceedings during the year.

Directors benefits

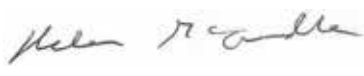
No director has received or has become entitled to receive, during or since the financial year, a benefit because of a contract made by the company, controlled entity or related body corporate with a director a firm which a director is a member or an entity in which a director has a substantial financial interest.

This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the company's accounts, or the fixed salary of a full-time employee of the company, controlled entity or related body corporate.

Signed in accordance with a resolution of the Board of Directors at Hobart on this 28th April 2021



Dr Jenny Misson
Director



Dr Helen McArdle
Director

Australian Medical Association, Tasmania. Ltd.
A.B.N. 11 009 484 931

Treasurer



As my first year as Honorary Treasurer, I have been on a steep learning curve. I would like to thank the board and CEO for their support over this time.

We are tracking well under budget this year, largely due to the increased revenue from the Commonwealth Government COVID cash boost program and decreased spending on travel, accommodation, and social events like our face-to-face division meetings, due to COVID restrictions.

Branch surplus is up this year by \$34k, from \$46k to \$80k. This is, for the most part, but not entirely, due to the COVID cash boost.

Total income has increased by \$31k, from \$405k to \$436k.

Total expenses are up \$5k, from \$360k to \$356k.

Membership fees continue to form the most significant part of our revenue, and thus providing our members with value for money has been a key focus for the board. To this end, part of the surplus in this year's budget has been spent on renovations and upgrades to AMA House to better serve our members as an appealing meeting and workspace. We have also increased spending on membership drives and recruitment.

The climate change emergency, which has been at the forefront of many of our member's minds, continues to be a priority for AMA. We have installed solar panels at AMA house as a demonstrable commitment to reducing our carbon footprint and ultimately reducing our electricity spending. The financial payback period of this initiative is three-four years.

We are also investigating other supplementary income sources, including rental of office, practice manager affiliate, and parking spaces at AMA House.

Our budget remains tightly managed, and we have been fortunate to spend on tangible membership value improvements in the past twelve months without negatively affecting our financial position.

Dr Jenny Misson
HONORARY TREASURER

Financial statements

Australian Medical Association, Tasmania. Ltd.
A.B.N. 11 009 484 931
Income Statement
for the year ended 31 December 2020

	Note	2020	2019
Income			
Membership Subscriptions	2	\$ 326,992	\$ 317,431
Other Income	3	\$ 108,939	\$ 88,033
Total Income		<u>\$ 435,931</u>	<u>\$ 405,464</u>
Expenses			
Occupancy Costs	4	\$ 36,020	\$ 26,098
Meetings and Events	5	\$ 1,161	\$ 8,590
Division Expenses	6	\$ 1,389	\$ 11,417
Industrial Relations	7	\$ 42,016	\$ 43,431
IT and Communications - Tastalk	8	\$ 4,639	\$ 3,243
Operating Expenses	9	\$ 25,886	\$ 41,431
Administrative Expenses	10	\$ 245,387	\$ 216,604
Miscellaneous Expenses	11	\$ 4,916	\$ 5,229
		<u>\$ 361,414</u>	<u>\$ 356,043</u>
Profit (Loss) from ordinary activities before income tax		\$ 74,517	\$ 49,421
Income Tax attributable to operating activities		\$ 4,982	\$ 3,398
Net Profit (-Loss) attributable to the Association		<u>\$ 69,535</u>	<u>\$ 46,023</u>

Australian Medical Association, Tasmania. Ltd.
A.B.N. 11 009 484 931
Statement of changes in Equity
for the year ended 31 December 2020

	2020	2019
Balance at 1 January 2020	\$ 895,906	\$ 849,883
Accumulated profit (Accumulated losses) attributable to entity	\$ 69,535	\$ 46,023
Balance at 31 December 2020	<u>\$ 965,441</u>	<u>\$ 895,906</u>

Australian Medical Association, Tasmania. Ltd.
A.B.N. 11 009 484 931
Balance Sheet
as at 31 December 2020

	2020	2019
ASSETS		
Current Assets		
Cash Assets		
Petty Cash	\$ 200	\$ 200
ANZ Cheque Account	\$ 227,689	\$ 150,067
ANZ Online Saver	\$ 62,071	\$ 62,012
Term Deposit	\$ 124,218	\$ 123,030
	<u>\$ 414,178</u>	<u>\$ 335,309</u>
Receivables		
Sundry Debtors	\$ 70	\$ 70
Other Current Assets		
Prepayments	\$ 1,836	\$ 1,982
	<u>\$ 1,906</u>	<u>\$ 2,052</u>
TOTAL CURRENT ASSETS	<u>\$ 416,084</u>	<u>\$ 337,361</u>
Non-current Assets		
Property, Plant and Equipment		
Land and Buildings		
Freehold Land - Government Valuation	\$ 400,000	\$ 400,000
Building at 147 Davey Street - Independent valuation	\$ 350,000	\$ 350,000
Less Accumulated Depreciation	-\$ 20,474	-\$ 16,566
	<u>\$ 729,526</u>	<u>\$ 733,434</u>
Plant & Equipment		
Equipment at cost	\$ 23,525	\$ 23,525
Less Accumulated Depreciation	-\$ 23,525	-\$ 23,525
	<u>\$ 0</u>	<u>\$ -</u>
TOTAL NON-CURRENT ASSETS	<u>\$ 729,526</u>	<u>\$ 733,434</u>
TOTAL ASSETS	<u>\$ 1,145,610</u>	<u>\$ 1,070,795</u>

Australian Medical Association, Tasmania. Ltd.
A.B.N. 11 009 484 931
Balance Sheet
as at 31 December 2020

	2020	2019
LIABILITIES		
Current Liabilities		
Accounts Payable		
AMA Federal Subscriptions	\$ 45,819	\$ 51,519
Subscriptions in advance	\$ 55,794	\$ 59,996
Trade Creditors & Accruals	\$ 19,370	\$ 18,441
Superannuation payable	\$ 4,629	\$ 3,968
	<u>\$ 125,612</u>	<u>\$ 133,924</u>
Current Tax Liabilities		
Income Tax	\$ 242	-\$ 3,394
PAYG Withholding	\$ 3,676	\$ 3,002
Goods and Services Tax	\$ 12,025	\$ 14,439
	<u>\$ 15,943</u>	<u>\$ 14,047</u>
Provisions		
Employee entitlements	\$ 38,614	\$ 26,918
	<u>\$ 38,614</u>	<u>\$ 26,918</u>
TOTAL CURRENT LIABILITIES	<u>\$ 180,169</u>	<u>\$ 174,889</u>
TOTAL LIABILITIES	<u>\$ 180,169</u>	<u>\$ 174,889</u>
NET ASSETS	<u>\$ 965,441</u>	<u>\$ 895,906</u>
MEMBERS FUNDS		
Asset Revaluation Reserve	\$ 103,801	\$ 103,801
Opening Members Funds	\$ 792,105	\$ 746,082
Net Income (Loss) attributable to the Association	\$ 69,535	\$ 46,023
TOTAL MEMBERS FUNDS	<u>\$ 965,441</u>	<u>\$ 895,906</u>

Australian Medical Association, Tasmania. Ltd.

A.B.N 11 009 484 931

Statement of Cash Flows

For the year ended 31 December 2020

Cash Flow from operating Activities	2020	2019
Members Subscriptions	\$ 326,992	\$ 317,431
Other Activities	\$ 30,218	\$ 9,053
Rental Income	\$ 37,475	\$ 47,393
Federal AMA Grant	\$ 40,000	\$ 29,091
Payments to Suppliers and Employees	-\$ 360,698	-\$ 350,181
Interest Received	\$ 1,246	\$ 2,496
Income Tax Paid	\$ 3,636	-\$ 4,623
Net Cash Provided By (-used) in Operating Activities (Note 13)	\$ 78,869	\$ 50,660
Cash Flow from Investing Activities		
Net Proceeds from Sale of Equipment	\$ -	\$ -
Acquisition of Property, Plant and Equipment		
Net Cash (+Provided) used in Investing Activities	\$ -	\$ -
Cash Flow from Financing Activities		
Payments for borrowings	\$ -	\$ -
Net Cash provided by (used in) financing activities	\$ -	\$ -
Net Increase(-decrease) in Cash held	\$ 78,869	\$ 50,660
Cash at the beginning of the year	\$ 335,309	\$ 284,649
Cash at the end of the year (Note 12)	\$ 414,178	\$ 335,309

The accompanying notes form part of these financial Statements.

Australian Medical Association, Tasmania. Ltd.

A.B.N. 11 009 484 931

Notes to and forming part of the Accounts

For the year ended 31 December 2020

	2020	2019
Note 2 Membership Subscriptions		
Current Year Subs	\$ 312,745	\$ 307,851
Federal Merchant Service	\$ 14,247	\$ 9,580
	<u>\$ 326,992</u>	<u>\$ 317,431</u>
Note 3 Other Income		
Property Income		
Tenancies	\$ 37,475	\$ 47,393
Divisions Income		
Events	\$ -	\$ 3,991
Sponsorships & Grants		
Federal AMA Grant	\$ 40,000	\$ 29,091
Sundry Income		
Government Support - Covid-19	\$ 30,218	\$ -
Sponsorship	\$ -	\$ 800
Sundry Income	\$ -	\$ 50
Prior Year GST Adjustment	\$ -	\$ 4,212
Interest Received	\$ 1,246	\$ 2,496
	<u>\$ 108,939</u>	<u>\$ 88,033</u>
Note 4 Occupancy Costs		
Building & Furniture Upgrades	\$ 14,354	\$ -
Cleaning	\$ 1,267	\$ 1,726
Insurance	\$ 3,143	\$ 3,325
Maintenance	\$ 1,902	\$ 2,495
Depreciation of Building Improvements	\$ 3,908	\$ 3,908
Rates & Taxes	\$ 10,926	\$ 13,954
Security	\$ 520	\$ 690
	<u>\$ 36,020</u>	<u>\$ 26,098</u>
Note 5 Meetings and Events		
Branch Council Functions & Events	\$ -	\$ 3,288
Tas Health Conference	\$ -	\$ -
Meetings and Events other	\$ 1,161	\$ 5,302
	<u>\$ 1,161</u>	<u>\$ 8,590</u>
Note 6 Divisions Expenses		
Branch Council Expenses	\$ -	\$ 1,357
Northern	\$ 840	\$ 7,405
Southern	\$ 549	\$ 2,655
	<u>\$ 1,389</u>	<u>\$ 11,417</u>

Australian Medical Association, Tasmania. Ltd.

A.B.N. 11 009 484 931

Notes to and forming part of the Accounts

For the year ended 31 December 2020

	2020	2019
Note 7 Industrial Relations		
Affiliations	\$ 91	\$ 91
ASMOF/TSMPS	\$ 6,945	\$ 6,770
Industrial Relations - Other	\$ 34,980	\$ 36,570
	<u>\$ 42,016</u>	<u>\$ 43,431</u>
Note 8 IT and Communications Tastalk		
Advocacy	\$ 2,732	\$ 1,686
Printing	\$ 1,907	\$ 1,557
	<u>\$ 4,639</u>	<u>\$ 3,243</u>
Note 9 Operational Expenses		
Advertising	\$ -	\$ 1,741
Bank Charges	\$ 7,606	\$ 7,828
Electricity	\$ 2,149	\$ 5,520
Internet Charges	\$ 1,070	\$ 1,139
IT Maintenance	\$ 7,341	\$ 6,338
Management Liability Insurance	\$ 2,511	\$ 2,476
Photocopier - usage	\$ 266	\$ 821
Postage / Courier	\$ 627	\$ 975
Purchase of Equipment < \$20,000	\$ 1,338	\$ 11,434
Stationery	\$ 624	\$ 1,029
Telephone/Fax	\$ 2,354	\$ 2,130
	<u>\$ 25,886</u>	<u>\$ 41,431</u>
Note 10 Administration Expenses		
Accounting	\$ 5,500	\$ 4,900
Auditing	\$ 2,600	\$ 2,550
Filing Fees	\$ 161	\$ 907
General Expenses	\$ 3	\$ 174
Professional Development	\$ 500	\$ 500
Provision for Annual Leave	\$ 10,612	\$ 6,023
Provision for Long Service Leave	\$ 1,084	\$ 3,849
Recruitment	\$ 653	\$ 250
Staff Supplies	\$ 65	\$ 163
Stipends	\$ 13,380	\$ 7,000
Superannuation	\$ 17,994	\$ 14,343
Travel & Accommodation	\$ 1,498	\$ 5,141
Wages	\$ 190,283	\$ 152,084
Wages - Consultancy (Association Offices)	\$ -	\$ 17,167
Workers Compensation Insurance	\$ 1,054	\$ 1,553
	<u>\$ 245,387</u>	<u>\$ 216,604</u>
Note 11 Miscellaneous Expenses		
Annual General Meeting Expense	\$ 1,116	\$ 1,429
Medical Students Support	\$ 3,800	\$ 3,800
	<u>\$ 4,916</u>	<u>\$ 5,229</u>

Australian Medical Association, Tasmania. Ltd.
A.B.N 11 009 484 931

Notes to and forming part of the Accounts
For the year ended 31 December 2020

Note 12 Reconciliation of Cash

for the purpose of cash flows, cash includes cash on hand and in banks, investments in money market instruments, net of outstanding bank overdrafts.

	2020	2019
Cash on hand	\$ 200	\$ 200
ANZ Cheque Account	\$ 227,689	\$ 150,067
ANZ Online Saver	\$ 62,071	\$ 62,012
Term Deposit	\$ 124,218	\$ 123,030
	\$ 414,178	\$ 335,309

Note 13 - Reconciliation of Net Cash Provided by or Used in Operating Activities to Net Profit

Operating Profit (-Loss) after Tax	\$ 69,535	\$ 46,023
Adjustment of Prior Years ATO Provision	\$ -	-\$ 4,212
Depreciation- Buildings	\$ 3,908	\$ 3,908
Changes in Assets and Liabilities		
Decrease/(-increase) in Debtors	\$ -	\$ -
Increase/(-decrease) Payables	-\$ 8,312	\$ 1,920
Decrease/(-increase) in Prepayments	\$ 146	\$ -
Increase/(-decrease) in Employee Entitlements	\$ 11,696	\$ 9,872
Increase/(-decrease) in Tax Liabilities	\$ 1,896	-\$ 6,851
Net cash provided by operating activities	\$ 78,869	\$ 50,660

Australian Medical Association, Tasmania Ltd.
A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2020**

Note 1 - Summary of Significant Accounting Policies

The directors have prepared the financial report on the basis that the Company is a non-reporting entity because there are no users dependant on general purpose financial reports. The financial report is a special purpose financial report prepared to satisfy the financial report preparation requirements of the Corporations Act 2001. The Directors have determined that the company is not a reporting entity for financial reporting purposes.

The financial report is for the entity, the Australian Medical Association, Tasmania Ltd, as an individual entity. The Australian Medical Association, Tasmania Ltd is a company limited by guarantee, incorporated and domiciled in Australia.

Basis of Preparation

The report has been prepared in accordance with the requirements of the Corporations Act 2001, and the following applicable Australian Accounting Standards:

AASB 101	Presentation of Financial Statements;
AASB 107	Cash Flow Statements;
AASB 108	Accounting Policies, Changes in Accounting Estimates and Errors;
AASB 110	Events after the Balance Sheet Date;
AASB 1031	Materiality;
AASB 1048	Interpretation and Application of Standards; and
AASB 116	Property, Plant and Equipment.

As the Directors have determined that the company is not a reporting entity, no other Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements or the Australian Accounting Standards Board have been applied.

Australian Medical Association, Tasmania Ltd.
A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2020**

Reporting Basis and Conventions

The financial report has been prepared on an accruals basis, except for the cash flow statement and is based on historical costs and does not take into account changing money values or, except where stated, current valuations or non-current assets.

Cost is based on the fair values of the consideration given in exchange for assets.

The accounting policies have been consistently applied, unless otherwise stated.

The principal accounting policies adopted by the company are stated to assist in understanding the financial statements. The following is a summary of the significant accounting policies adopted by the company in the preparation of the financial statements.

Income tax

In accordance with the provisions or mutuality set out in the Income Tax Assessment Act 1997, income tax is only payable on income received from third parties.

Revenue

Subscription income is recognised in the period to which subscriptions relate.

Revenue from the sale of goods and provision of services is recognised upon the delivery of goods to customers or when the right to be compensated for the services has been attained.

Interest revenue is recognised over the period for which the funds are invested.

All revenue is stated net of the amount of goods and services tax (GST).

Investments

Investments brought to account are at cost or at Directors' valuation. The carrying amount or investments is reviewed annually by Directors to ensure it is not in excess of the recoverable amount of these investments.

Australian Medical Association, Tasmania Ltd.
A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2020**

Property, plant and equipment

Property, plant and equipment are bought to account at cost or at independent valuation less, where applicable, any accumulated depreciation or amortisation.

The carrying amount of all fixed assets are reviewed annually by the Directors to ensure that the carrying values in the financial statements of the company are not in excess of their recoverable amount to the company as a going concern. These annual reviews take into account commercial and technical obsolescence as well as normal wear and tear.

The useful lives of property, plant and equipment are reassessed on a regular basis and if found to be different to those previously used, the balances of the related provisions for depreciation at the beginning of the year are adjusted and the adjustment amount included in the profit reported.

The carrying amounts of non-current assets do not exceed the net amounts that are expected to be recovered through the cash inflows and outflows arising from continued use and subsequent disposal.

The expected net cash flows included in determining the recoverable amounts have not been discounted to their present values.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity. All other decreases are charged to the income statement. The difference between depreciation based on the revalued carrying amount of the asset charged to the income statement and depreciation based on the asset's original cost is transferred from the revaluation reserve to retained earnings.

Depreciation

Items of the property, plant and equipment are depreciated over their estimated useful lives using the straight line and diminishing value methods of depreciation. The depreciation rates used for each class of depreciable asset are:

Class of Fixed Asset	Depreciation Rates
Building Improvements	2.5%
Furniture and Fittings	20%
Plant and Equipment	20% - 40%

The assets, residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement. When revalued assets are sold, amounts included

In the revaluation reserve relating to that asset are transferred to retained earnings.

Australian Medical Association, Tasmania Ltd.
A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2020**

Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Goods and Services Tax (GST)

Revenues and expenses are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances-the GST is recognised as part of the cost or acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented net of GST in the statement of cash flows, and the net movement in GST shown as a separate operating cash flow. The GST components or investing and financing activities are shown as operating cash flows.

Comparative Figures

Comparative figures have been adjusted to conform to changes in presentation for the current financial year where required by accounting standards or as a result of changes in accounting policy.

Critical Accounting Estimates and Judgments

The Directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information.

Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Note 2 - Membership Subscriptions

Total membership income (including GST) of \$ 649,527 was collected during the 2019 financial year and this income is comprised as follows:

State AMA Component	\$ 312,745
GST on State Component	\$ 31,275
Federal AMA Component	\$ 329,316 (includes GST)

Australian Medical Association Tasmanian Ltd collects the federal component of membership on behalf of the national body and remits these funds accordingly.



**Bentleys Tasmania Audit
Pty Ltd**

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Hobart 7000

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bentleys.com.au

**AUSTRALIAN MEDICAL ASSOCIATION TASMANIA LIMITED
ABN: 11 009 484 931**

REVIEWERS INDEPENDENCE DECLARATION

I declare that, to the best of my knowledge and belief, during the year ended 31 December 2020 there have been no contraventions of:

- i. the auditor independence requirements as set out in the Australian Professional Ethical Pronouncements and the Corporations Act 2001 in relation to the review; and
- ii. any applicable code of professional conduct in relation to the review.

Bentleys Tasmania Audit Pty Ltd
Authorised Audit Company

Michael Ian Derbyshire
Director

Hobart

25 March 2021



A member of Bentleys, a network of independent advisory and accounting firms located throughout Australia, New Zealand and China that trade as Bentleys. All members of the Bentleys Network are affiliated only, are separate legal entities and not in partnership. A member of Allinial Global – an association of independent accounting and consulting firms.
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**Bentleys Tasmania Audit
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**INDEPENDENT AUDITOR'S REVIEW REPORT TO THE MEMBERS
OF AUSTRALIAN MEDICAL ASSOCIATION TASMANIA LIMITED
ABN: 11 009 484 931**

We have reviewed the accompanying financial report, being a special purpose financial report of Australian Medical Association Tasmania Limited (the company), which comprises the statement of balance sheet as at 31 December 2020, the income statement, statement of changes in equity and statement of cash flows for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Corporations Act 2001 and the needs of the members. The directors' responsibility also includes such internal control that the responsible entities determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Reviewer's Responsibility

Our responsibility is to express a conclusion on the financial report based on our review. We conducted our review in accordance with Auditing Standard on Review Engagements ASRE 2415 Review of a Financial Report: Company Limited by Guarantee, in order to state whether, on the basis of the procedures described, anything has come to our attention that causes us to believe that the financial statements are not presented fairly, in all material respects, in accordance with the basis described in Note 1 to the financial statements and the Corporations Act 2001. ASRE 2415 requires that we comply with the ethical requirements relevant to the review of the financial report.

A review of a financial report consists of making enquiries, primarily of persons responsible for financial and accounting matters, and applying analytical and other review procedures. A review is substantially less in scope than an audit conducted in accordance with Australian Auditing Standards and consequently does not enable us to obtain assurance that we would become aware of all significant matters that might be identified in an audit. Accordingly, we do not express an audit opinion.



A member of Bentleys, a network of independent advisory and accounting firms located throughout Australia, New Zealand and China that trade as Bentleys. All members of the Bentleys Network are affiliated only, are separate legal entities and not in partnership. A member of Allinial Global – an association of independent accounting and consulting firms.
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Independence

In conducting our review, we have complied with the independence requirements of the Corporations Act 2001.

Conclusion

Based on our review, which is not an audit, nothing has come to our attention that causes us to believe that the financial report of Australian Medical Association Tasmania Limited are not prepared, in all material aspects, in accordance with the Corporations Act 2001.

Basis of Accounting and Restriction on Distribution

Without modifying our conclusion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Australian Medical Association Tasmania Limited to comply with the financial reporting provisions of the Corporations Act 2001. As a result, the financial report may not be suitable for another purpose.

A handwritten signature in black ink that reads "Bentleys Tasmania Audit".

Bentleys Tasmania Audit Pty Ltd
Authorised Audit Company

Hobart

25 March 2021

A handwritten signature in black ink that reads "Michael Ian Derbyshire".

Michael Ian Derbyshire
Director

Past Presidents

BMA

1911	G. Sprott	1950	S.G. Gibson
1912	G. Sprott	1951	G.M.W. Clemons
1913	F. Allwork	1952	T. Giblin
1914	G.H. Hogg	1953	A. Pryde
1915	R.G. Scott	1954	J.B.G. Muir
1916	G.E. Clemons	1955	W.K. McIntyre
1917	B.A. Anderson	1956	A.O. Green
1918	D.H.E. Lines	1957	M.W. Fletcher
1919	W.W. Giblin	1958	A.McL. Millar
1920	J. Sprent	1959	L.H. Wilson
1921	R.G. Scott	1960	R.A. Lewis
1922	G.H. Hogg	1961	H.J.C. Engisc
1923	G. Sprott		
1924	G.E. Clemons		
1925	J. Ramsay		
1926	E.B. Moore		

1927	G. H. Hogg
1928	D.H.E. Lines
1929	G.E. Clemons
1930	T.C. Butler
1931	J.A. Newell
1932	F.W. Fay
1933	W.K. McIntyre
1934	W.E.L.H. Crowther
1935	G.E. Clemons
1936	E.B. Moore
1937	A. Pryde
1938	R. Wishaw
1939	W. P. Holman
1940	A.W. Shugg
1941	C. Craig
1942	W.E.L.H. Crowther
1943	A. Pryde
1944	B. Hiller
1945	G.M.W. Clemons
1946	T.H. Goddard
1947	J.L. Grove
1948	J.B. Hamilton
1949	T.G.H. Hogg

AMA

1962	W.W. Wilson	1985	J. McP. Cartledge
1963	H.M. Fisher	1986	J.R. Grove
1964	K.J. Friend	1987	R.W. Macintyre Smith
1965	R. Wall	1988	C. J. Castellino
1966	C.W. Clarke	1989	M.J.H. Hodgson
1967	H.B. Gatenby	1990-91	B.J. Nelson
1968	K.M. Kelly	1992-93	M. Cook
1969	L.N. Gollan	1994-95	P.T. Sexton
1970	F.R. Fay	1996-98	R.M. Lowenthal
1971	D.B. Nathan	1998-00	B.G. Walpole
1972	J.F. Correy	2000-03	J.A. Davis
1973	D.A. Tilsley	2003-04	A.J. Lawler
1974	P.F. Gill	2004-07	M.G. Aizen
1975	D.A.T. Farrar	2007-08	E.H. Walters
1976	W. McL. Thomson	2008-10	C. Middleton
1977	J.C.H. Morris	2010-11	M.G. Aizen
1978	J.McL. Hunn	2011-14	J. A. Davis
1979	A. H. Woodhall	2014-16	T. M. Greenaway
1980	D.J. Walters	2016-18	S. K. Day
1981	R. Edmond	2018-19	J. A. Davis
1982	T.S. Kirkland	2019-20	J. Burgess
1983	J.R. Lauder	2020	H.McArdle
1984	D.D.E. Evans		



Honorary Medical Secretaries

Presidents Award

2013	Dr Michael Lumsden-Steel
2014	Dr Robert Walker
2015	Dr Peter Sharman
2018	Dr Richard Benjamin and Dr Frank Nicklason
2019	Dr Philip Thomson
2020	Dr John Davis

BMA	1949 - 55 1956 1957 - 63
AMA	1963 - 65 1965 - 74 1974 - 83 1984 - 87 1987 - 91 1991 - 94 1994 - 98 1998 - 03 2003 - 04 2004 - 05 2005 - 07 2007 - 10 2010 - 17 2017 - 19 2019 -

F. R. Fay
J. Dobson
K.M. Kelly
J.D.H. Muir
W. McL. Thomson
J.McP. Cartledge
P.J. Beaumont
B.G. Walpole
P.T. Sexton
D.J.W. Law
R.I. Walker
D.R. Cooke
M.J. Mackinnon
C. Middleton
R.M. Lowenthal
D. Rose
D. Aras
S. Fletcher

Dr Thomas Anderson
Dr Ian Burges Watson
Dr Pauline Carruthers
Dr Carl Castellino
Dr Michael Claxton
Dr Freda Cook
Dr Michael Cook
Dr Kevin Doran
Dr Robert Edmond
Dr John Gale
Dr Gerard Gartlan
Dr Keith Goulston
Dr Michael Hodgson
Dr Henry Horne
Dr Dennis Humphrey
Dr John Hunn
Dr Clifford Kelland
Dr George Kelsall
Dr Thomas Kirkland
Dr Dennis Levet

Dr Jean Norelle Lickiss
Dr Desmond Lugg
Dr Murdoch MacKenzie
Dr Donald McTaggart
Dr Jenny Mee
Dr Gillian Mee
Dr George Mellefont
Dr John Paull
Dr David Reid
Dr Ian Roddick
Dr Boyne Russell
Dr Robert Stewart
Dr Bertel Sundstrup
Dr Andrew Thomson
Dr Geoffrey Trezise
Dr Anthony Tymms
Dr Bryan Walpole
Dr Rodney Westmore
Dr John Williams
Dr Valerie May Hewitt
Dr Sydney David Platts

Members Awarded Honorary Status



AMA Fellows

1963	F.R. Fay L.N. Gollan K.M. Kelly J.B.G. Muir	1983	J. McP. Cartledge
1964	C. Craig F.W. Fay B. Hillier	1984	D.D.E. Evans R. Edmond
1965	T. Giblin J.L. Grove A. McL. Miller	1990	C.J. Castellino
1966	W.W. Wilson	1991	M.J.H. Hodgson
1967	K.J. Friend R.A. Lewis	1992	B.G. Walpole
1968	R. Wall	1993	M. Cook
1969	W. McL. Thomson	1994	R.A. Pargiter F. Cook
1970	J.F. Correy	2002	P.T. Sexton
1975	P.F. Gill	2003	J.A. Davis R.I. Walker
1977	J. McL. Hunn D.J. Walters	2007	M.R.J. Claxton
1982	J.C.H. Morris D.A. Tilsley	2008	R. M. Lowenthal
		2009	C. Middleton
		2010	M. Aizen
		2017	T. Greenaway
		2020	A. Wilson D. Rose S. Day H. McArdle

Student Awards

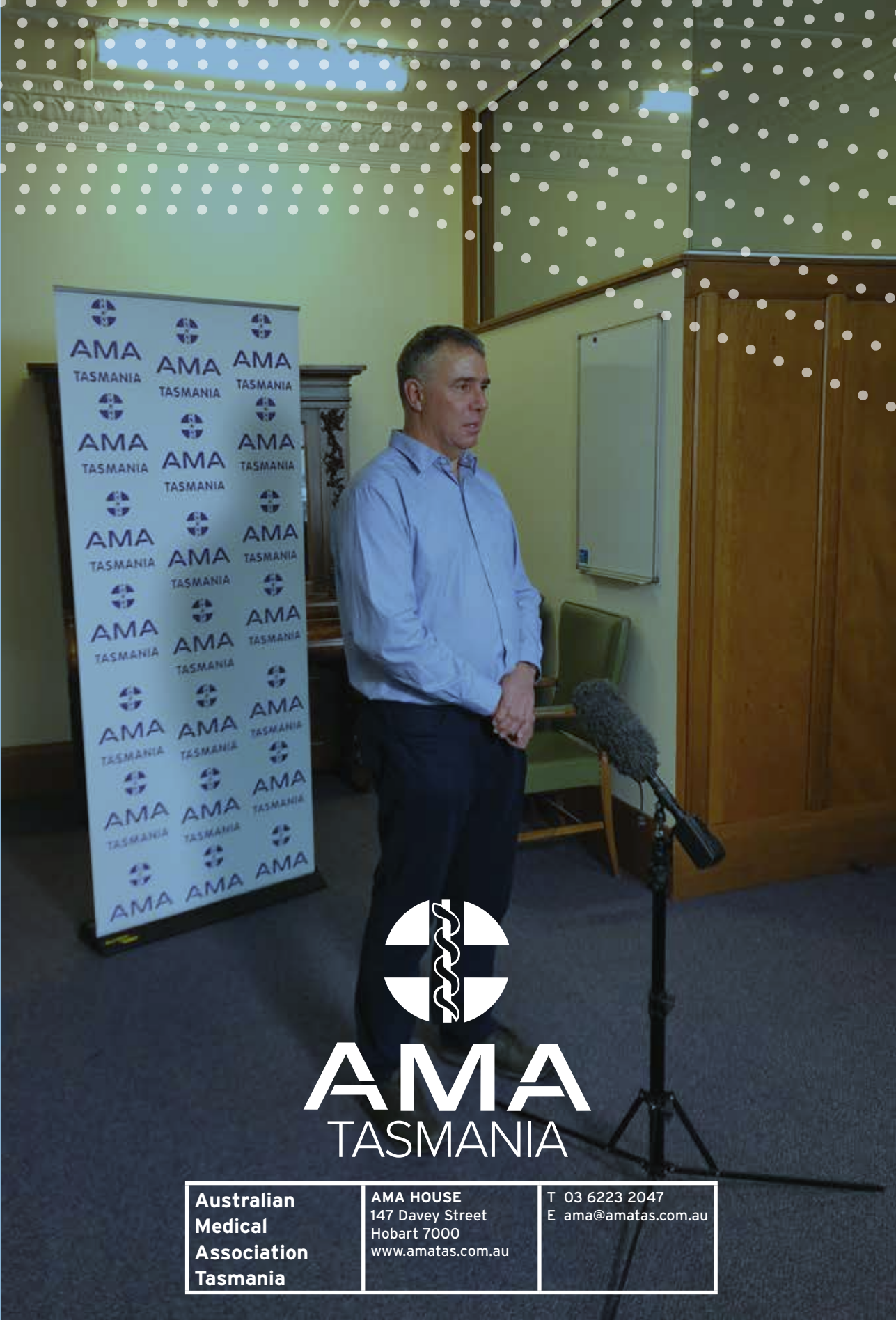
Australian Medical Association (Tasmanian Branch) Prize (M03)

2020	Bridget Williams
2019	Samuel Rigby
2018	Georgia Mohler
2017	Samuel Hunn
2016	Dominic Maher-Pyrke
2015	Francesca Cobden-Watts
2014	Clinton Ellis
2013	Timothy Andrewartha
2012	Anna Ridgers
2011	Julia Lachowicz
2010	Kenneth Hoffman
2009	Kelly Verdouw
2008	Matthew James Fassett
2007	Gina Maree Rowlings
2006	Blair Owen Jozef Adamczewski
2005	Nadia Patel
2004	no award awarded
2003	Nadine Flanagan
2002	Anthea Lea Goodman
2001	Alexander William Hewitt
2000	Chantel Mary Thornton
1999	Jean Margaret Möller
1998	Jonny Wu
1997	Alison Chandler
1996	Joyce Lim
1995	John Lewis

The AMA Elective Award (M31)

2020	Emily Scott
2019	Samuel Lie
2018	Georgia Roberts and Eloise Roffe
2017	Heather Tan
2016	Gemma Dwyer
2015	Isabel Di Tomasso
2014	Michael Wu
2013	Erica Darian-Smith
2011	Carli Armstrong
2010	Ingrid Smethurst
2009	Chrisovalantis Tsimiklis
2007	Thomas Volkman
2006	Yet Hong Khor
2005	Tanya Thiraviam Francis
2004	Ngairie Warner
2003	Theresa Naidoo
2002	Bridgette Watts
2001	Sacha Roshan Ruberu
2000	Alexander William Hewitt
1999	Jeremy Anthon Charles Richardson
1998	Adele Burgess
1997	Lindsay Watson and Malcolm Barnes
1996	Tricia Saurine and Gillian Wilkinson
1995	Mr C Allen





AMA TASMANIA

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